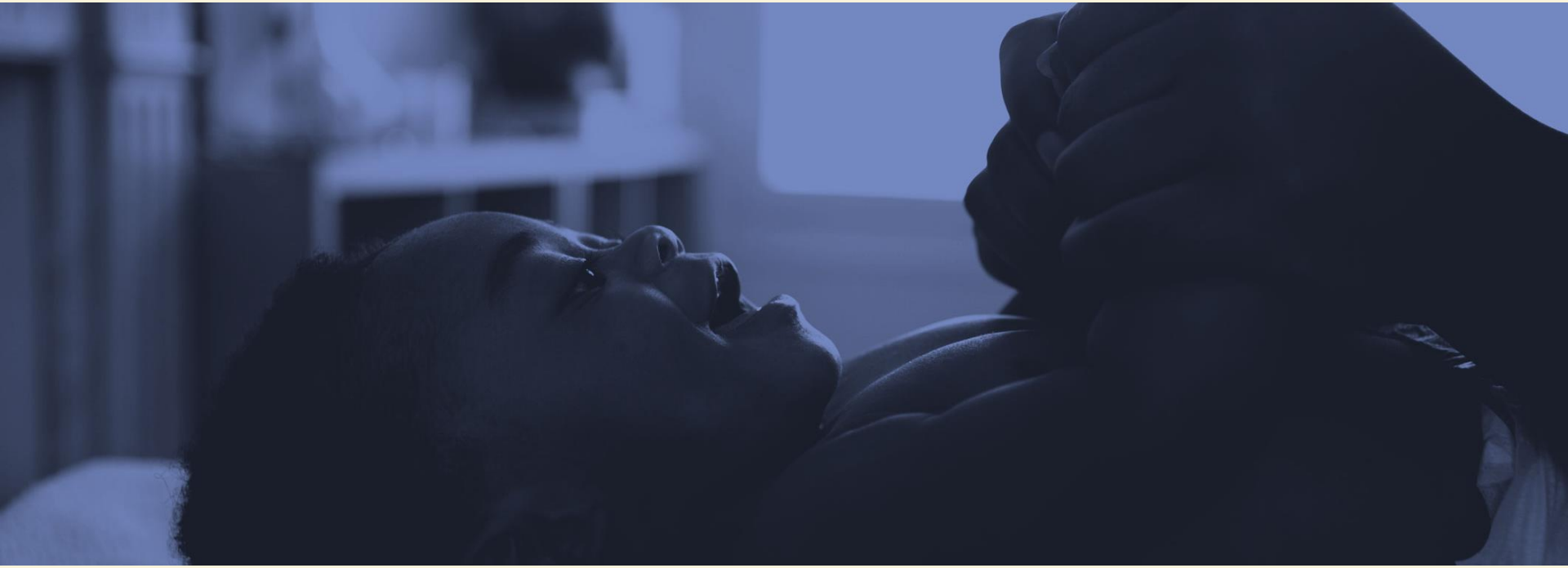
NATIONAL BIRTH EQUITY COLLABORATIVE



Black Maternal Health Inequities

New York State Task Force on Maternal Mortality and Disparate Racial Outcomes June 2018

Joia Crear-Perry MD, Founder/President

Learning Objectives

- Discuss how social determinants shape hospital policy and patient care
- Examine Equity of New York hospital systems
- Share maternal experiences of class and race is hospital settings
- Define small and large-scale improvements for maternal health

Mission

To reduce Black maternal and infant mortality through research, family centered collaboration and advocacy.

Goal

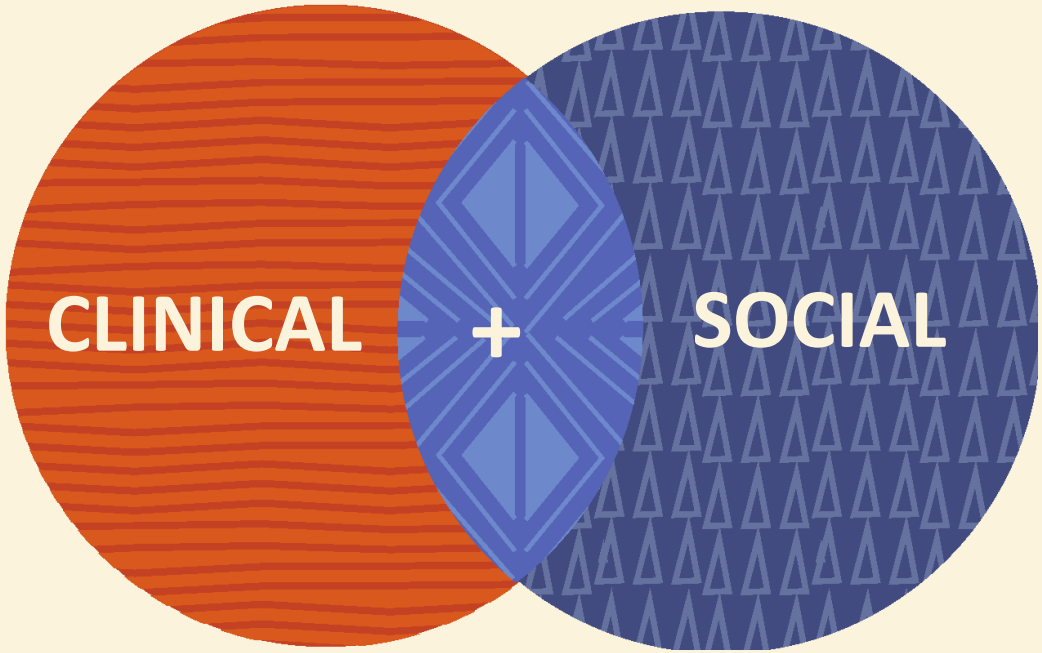
Reducing black infant mortality rates by 50% in the next 10 years.

NBEC

NATIONAL BIRTH EQUITY COLLABORATIVE

Our vision is that every Black infant will celebrate a healthy first birthday with their families.

NBEC Focus



- Dismantling systems of power and racism
- Assessing and Educating on SDHI
- Provide policy improvements

"Working in this area of overlap is part of the reason why programs like Healthy Start, Case Management, NFP, and Centering experience much of their success."

– Arthur James, M.D.

Human Rights – The Global Standard

Article 2.

Everyone is entitled to al the rights and freedoms set forth in this Declaration, **without distinction of any kind**, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 3.

Everyone has the right to life, liberty and security of person

Article 25.

(1) Everyone has the right to **a standard of living adequate for the health and well-being of himself and of his family**, including food, clothing, housing and medical care and necessary social services

(2) Motherhood and childhood are **entitled** to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same protection.

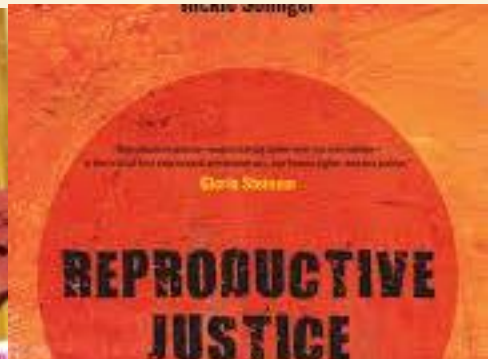
Reproductive Justice

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

-Loretta Ross

We must…

- Analyze power systems
- Address intersecting oppressions
- Center the most marginalized
- Join together across issues and identities



Health Equity

A fair, just *distribution* of the social resources and social opportunities needed to achieve well-being.

- Seeks out what is unfair in order to reverse or avoid it
- Aspires to apply justice in serving women and families
- Recognizes the impact of social resources on the care and behavior of women and families
- Identifies and facilitates social opportunities for women and families to readily/easily attain well-being

birth equity *(noun)*:

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.

Joia Crear-Perry, MD
National Birth Equity Collaborative

Black Mamas Matter Alliance

Our Mission

Black Mamas Matter Alliance is a Black women-led cross-sectoral alliance. We center Black mamas to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice.

Our Vision

We envision a world where Black mamas have the rights, respect, and resources to thrive before, during, and after pregnancy.

Our Goals

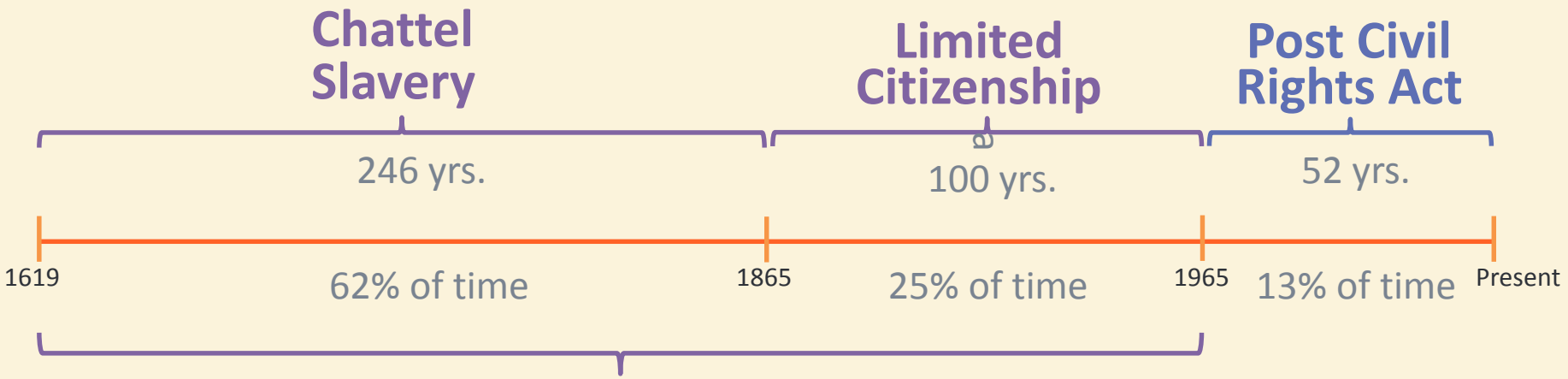
- Change Policy
- Cultivate Research
- Advance Care for Black Mamas
- Shift Culture

U.S. Sanctioned for Black Maternal Mortality

- Black women have knowledge and solutions that will improve maternal health, rights, and justice
- Platforms are needed to support and amplify the work that Black women are already doing
- To address that gap, BMMA must establish an independent identity and cultivate a “deep bench” of Black women leaders

Geneva, Switzerland

Timeline of African American Experience



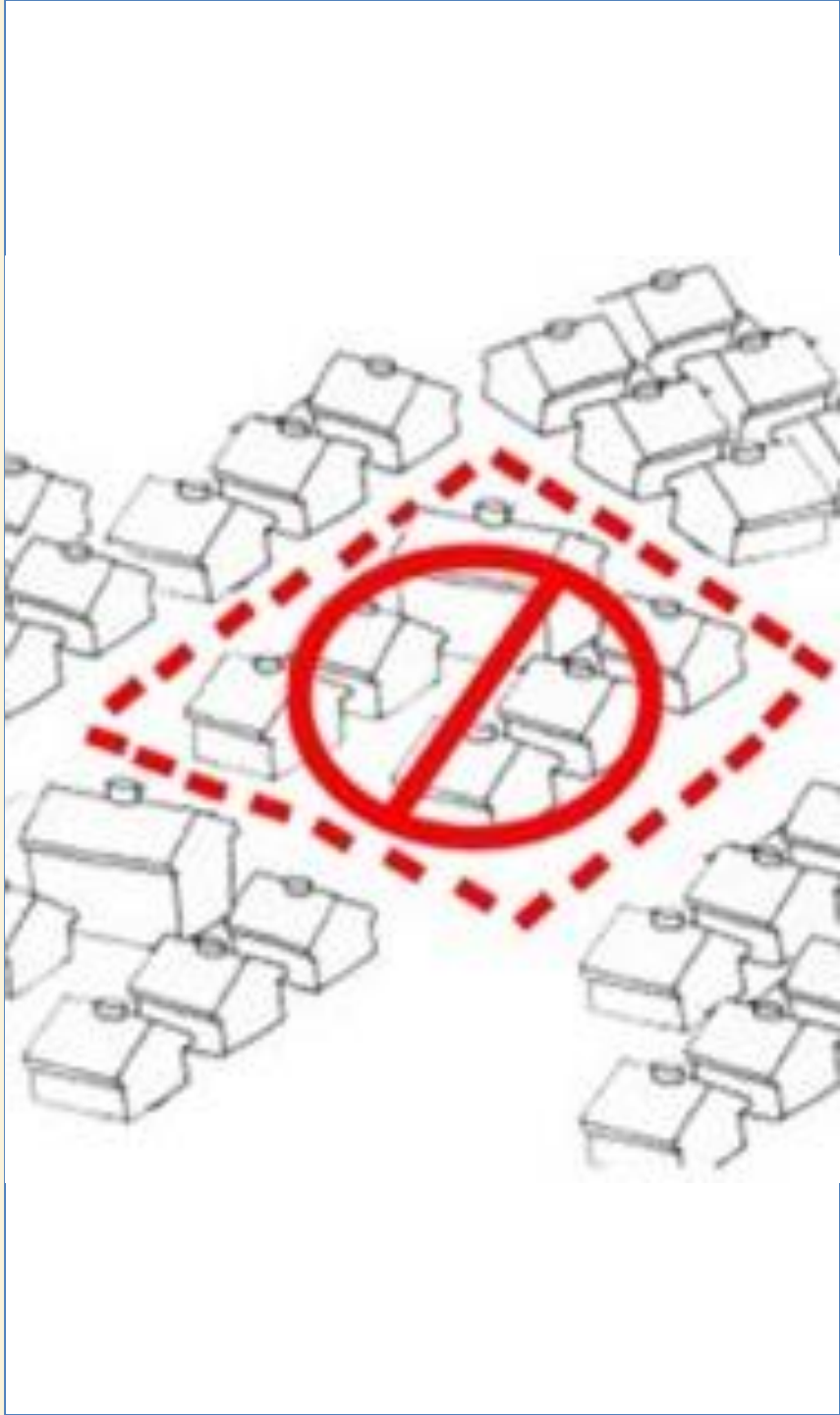
87% of the Black experience has been under explicit racial oppression.

100% of the U.S. Black experience has been in struggle for humanity and equality.

Redlining: 1934-1968

Redlining is the practice of arbitrarily denying or limiting financial services to specific neighborhoods, generally because its residents are people of color or are poor.

Banks used the concept to deny loans to homeowners and would-be homeowners who lived in these neighborhoods. This in turn resulted in neighborhood economic decline and the withholding of services or their provision at an exceptionally high cost.



MAPPING INEQUALITY Redlining in New Deal America

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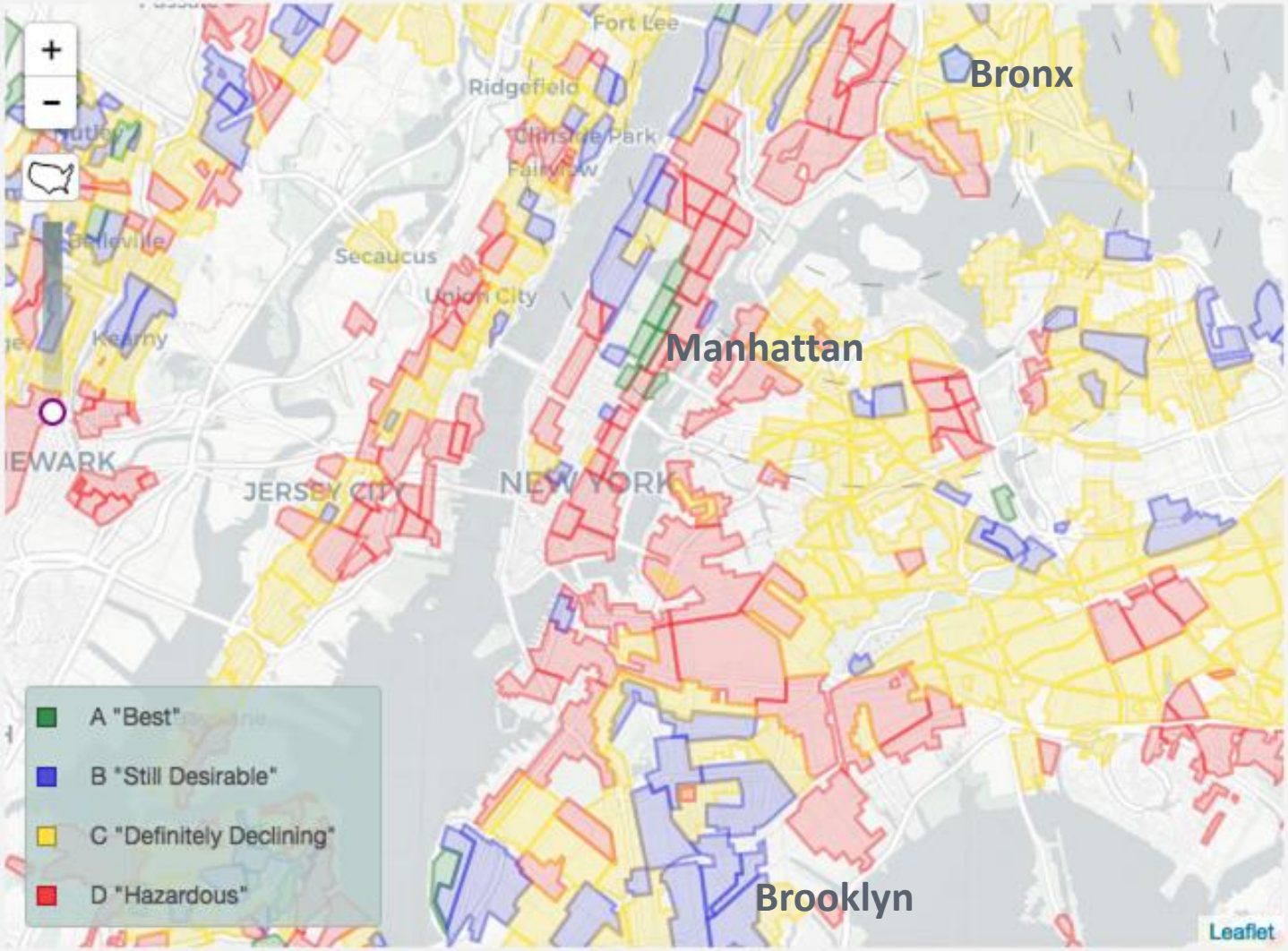

New York City, NY

MAPPING INEQUALITY Redlining in New Deal America

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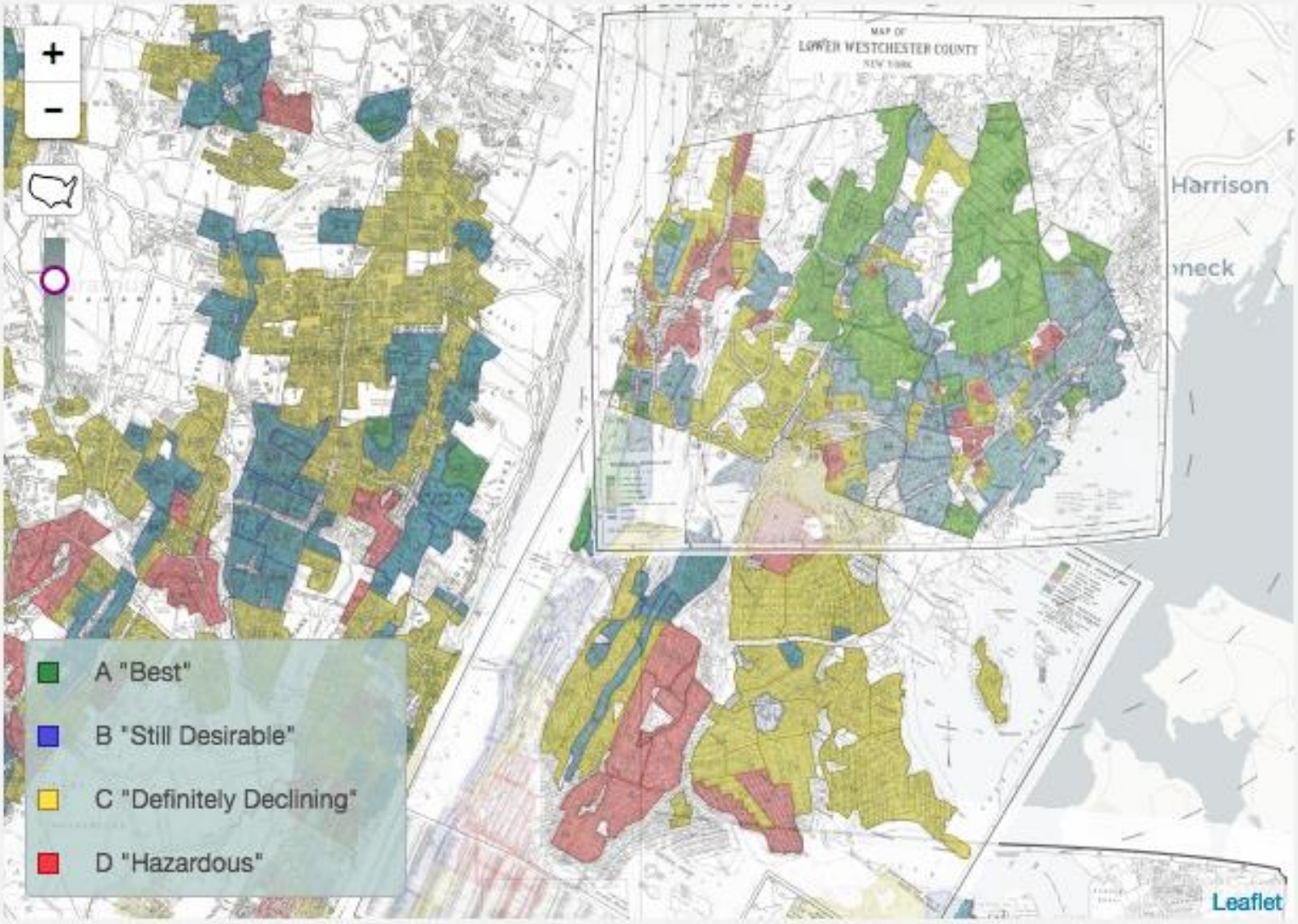
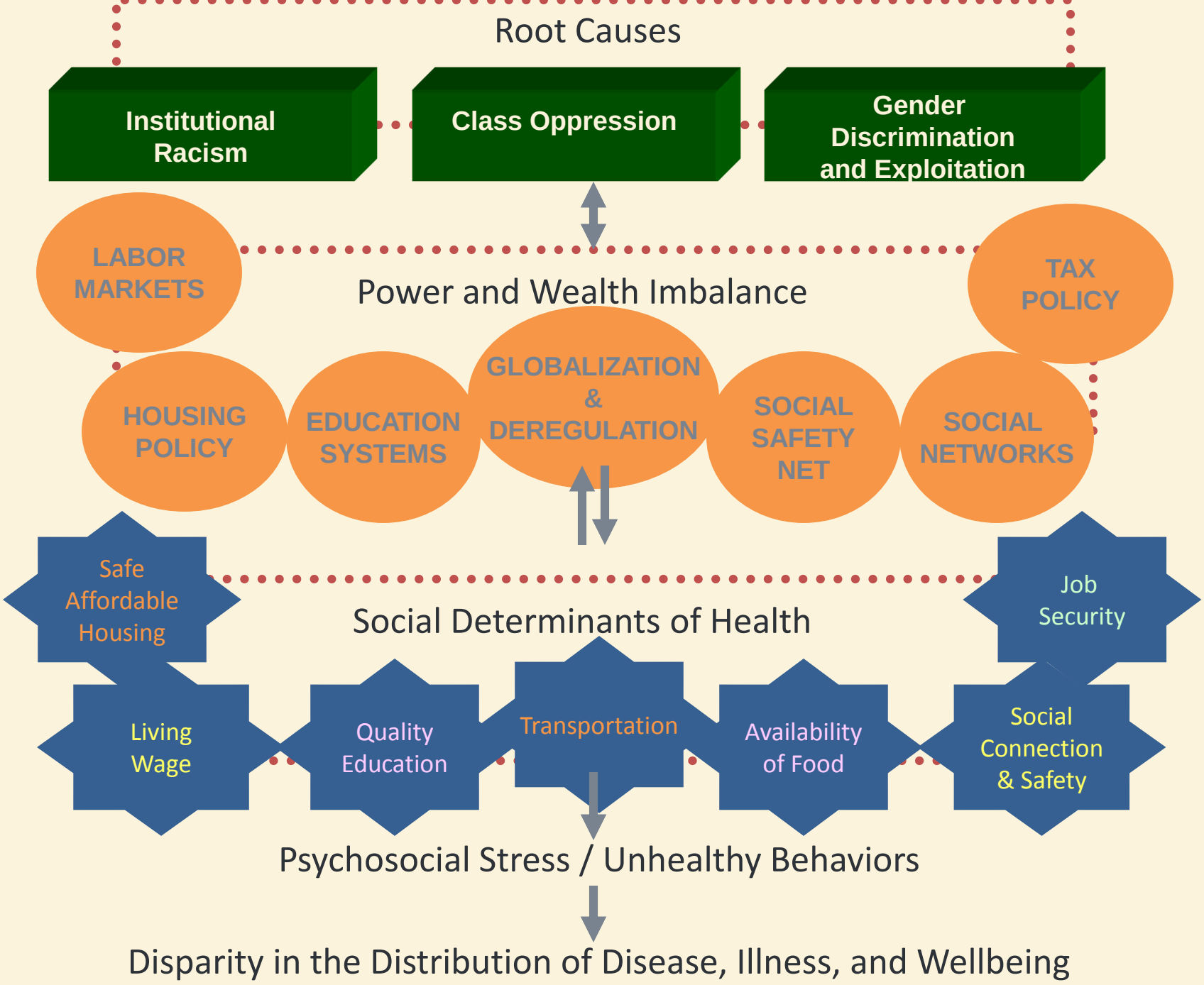


Lower Westchester County, NY



Adapted by MPHI from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice.*

Anthropological Approaches Demonstrate

- Race is real, and it matters in society, but not how racists think it does.
- Race is not a genetic cluster nor a population.
- Race is not biology but racism has biological effects
- Social constructs are real for those who hold them

RACE

≠

ETHNIC GROUP

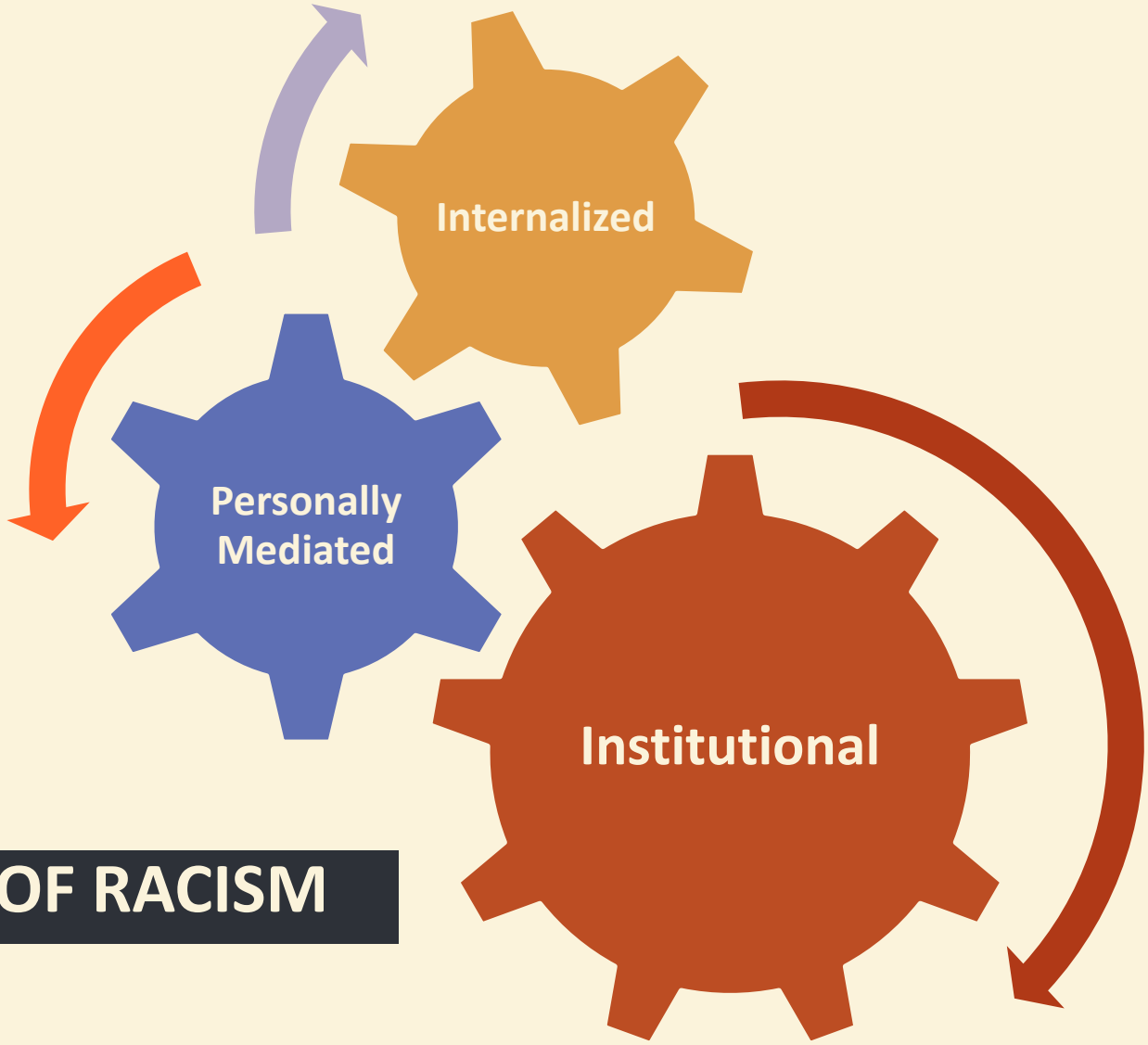
≠

POPULATION

≠

ANCESTRY

These are four different ways to describe, conceptualize and discuss human variation… and connot be used interchangebaly



LEVELS OF RACISM

- **Institutionalized racism**- the structures, policies, practices and norms resulting in differential access to the goods, services and opportunities of societies by race.
- **Personally mediated** - the differential assumptions about the abilities, motives and intentions of others by race.
- **Internalized racism** - the acceptance and entitlement of negative messages by the stigmatized and non stigmatized groups.

Camara Jones, MD, PhD, Past President APHA

Race- A Social Construct with Deep Implications

- Black mothers who are college-educated fare worse than women of all other races who never finished high school.
- Obese women of all races do better than black women who are of normal weight.
- Black women in the wealthiest neighborhoods do worse than white, Hispanic and Asian mothers in the poorest ones.
- African American women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal care.

WHAT?

Race is not biologically significant.

We socially categorize ourselves and assign rules for interaction based on those groups (class, ethnicity, religion, etc.)

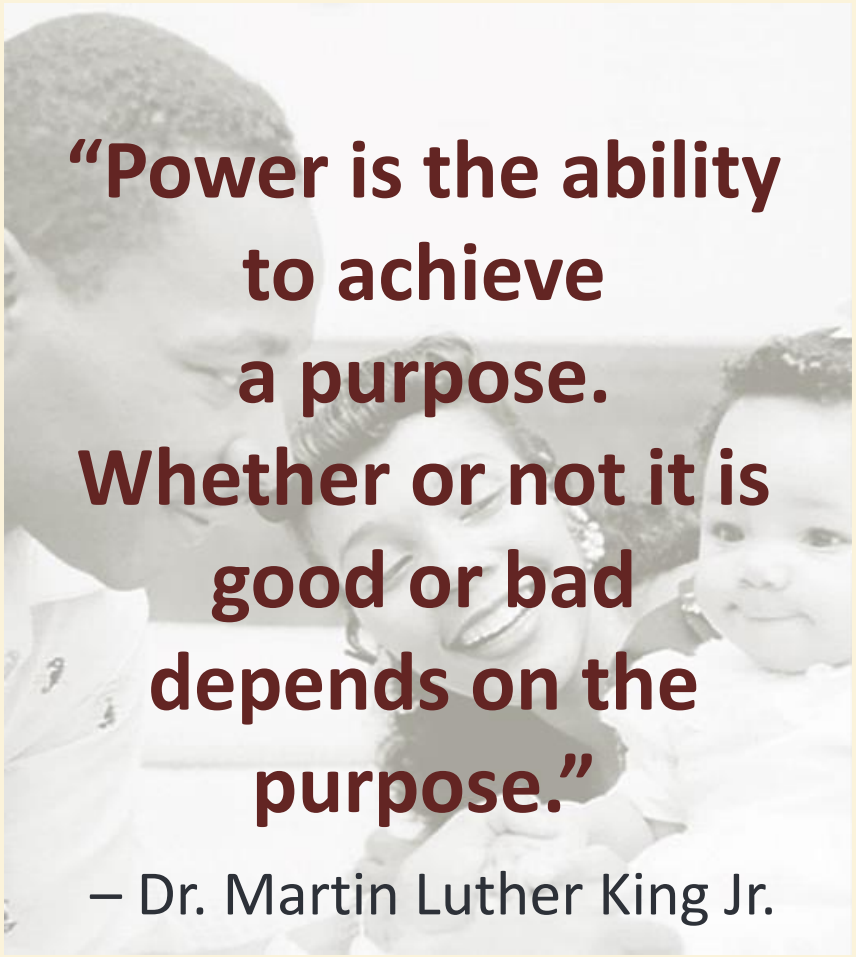
HOW?

The experience of systematic racism—not "race" itself—compromises health.

EXAMPLE

Black immigrant women—mostly from African and Caribbean countries—who arrived in the United States as adults enjoy better birth outcomes than native-born African American women.

Dimensions of Power



1) **Worldview**

Cultural beliefs, norms, traditions, histories, faith traditions and practices

2) **Agenda**

Conscious and subconscious position on matters

3) **Decisions**

Policies and laws

Source: Grassroots Policy Project

Power is Policy

“Racially discriminatory policies have usually sprung from economic, political, and cultural self-interests, self-interests that are constantly changing.”

- Politicians seek political self-interest.
- Capitalists seek increased profit margins.
- Cultural professionals seek professional advancement.

— Ibram X. Kendi, Stamped from the Beginning: The Definitive History of Racist Ideas in America

Campaign for Black Babies

As the primary thrust of NBEC's goal, the Campaign involves innovative research, parent-centered collaboration, and advocacy to effectively reduce Black infant mortality in the cities with the highest burden of Black infant death.

Campaign for Black Babies
National Report

May 2017

"Look at the Whole Me": A Mixed-Methods Examination of Black Infant Mortality in the US through Women's Lived Experiences and Community Context

Maeve E. Wallace [1,2,*], Carmen Green [2], Lisa Richardson [2,3], Katherine Theall [1,2] and Joia Crear-Perry [2]

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2 National Birth Equity Collaborative, 4747 Earhart Blvd, Suite I, New Orleans, LA 70125, USA; carmen.nbec@gmail.com (C.G.); lrichrds@gmail.com (L.R.); drjoia.nbec@gmail.com (J.C.-P.)
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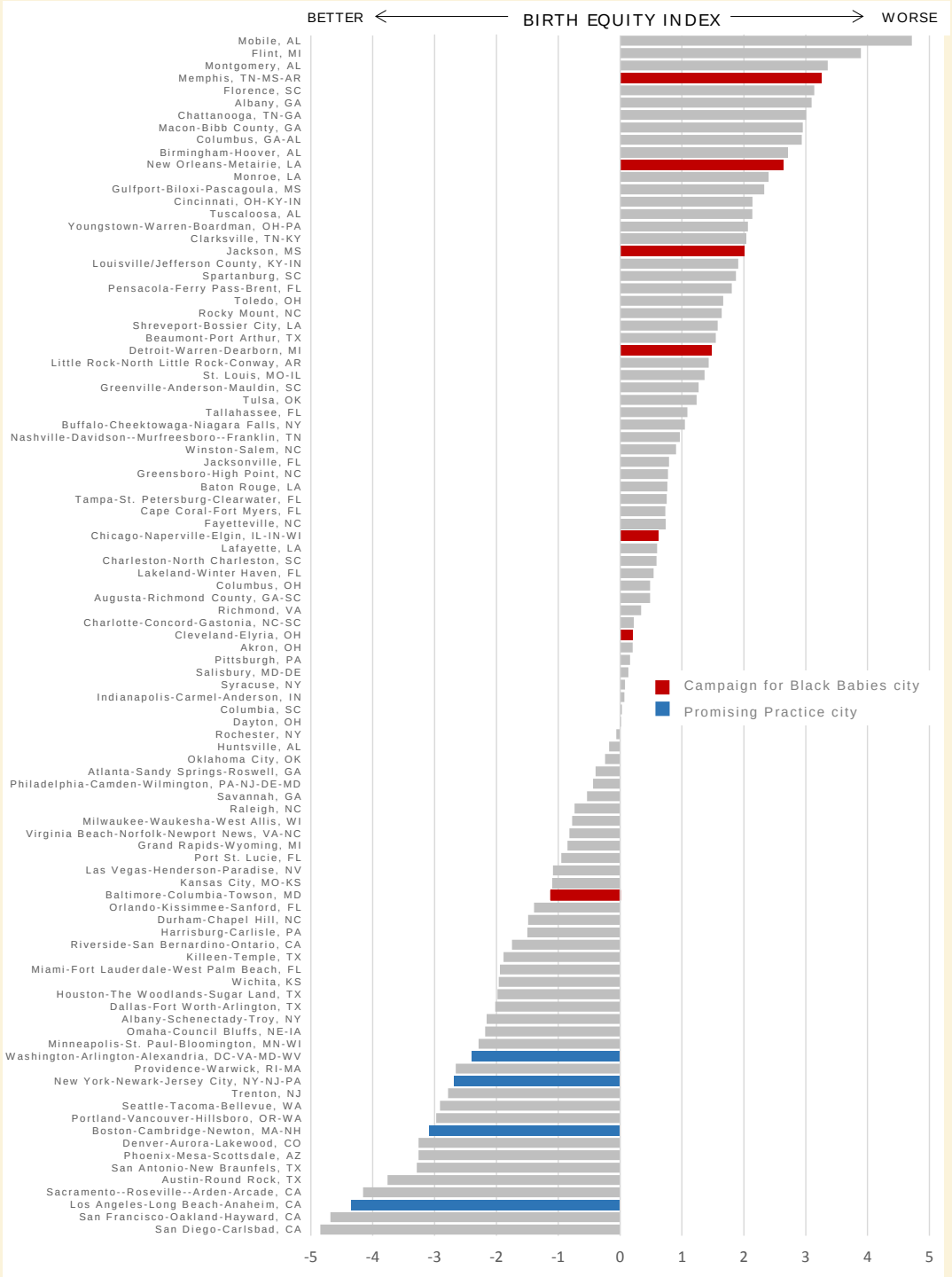
Received: 17 April 2017; Accepted: 30 June 2017; Published: 5 July 2017

Birth Equity Index

Data tool to identify significant social determinants

- *A comprehensive set (50+) of social determinant indicators were selected to broadly define health and opportunities for better health within the social and physical environment of 20 US metro areas with some of the highest black infant mortality rates in the country. We identified those that were at least marginally associated with black infant mortality rates including:*
  - *prevalence of smoking and obesity among adult residents*
  - *number of poor physical and mental health days experienced by residents*
  - *percentage of residents with limited access to healthy foods*
  - *rates of homicide and jail admissions*
  - *air pollution*
  - *racial residential segregation (isolation)*
  - *rates of unemployment and low education among NH black residents*
  - *income inequality between black and white households*
- *We used data-reduction techniques to combine values of these indicators into an overall index of black infant mortality social determinants, with higher values representing worse health conditions.*


BETTER
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WORSE
Mobile, AL
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Greensboro-High Point, NC
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Chicago-Naperville-Elgin, IL-IN-WI
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Lakeland-Winter Haven, FL
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Akron, OH
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Indianapolis-Carmel-Anderson, IN
Columbia, SC
Dayton, OH
Rochester, NY
Huntsville, AL
Oklahoma City, OK
Atlanta-Sandy Springs-Roswell, GA
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD
Savannah, GA
Raleigh, NC
Milwaukee-Waukesha-West Allis, WI
Virginia Beach-Norfolk-Newport News, VA-NC
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Port St. Lucie, FL
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Baltimore-Columbia-Towson, MD
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Durham-Chapel Hill, NC
Harrisburg-Carlisle, PA
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Killeen-Temple, TX
Miami-Fort Lauderdale-West Palm Beach, FL
Wichita, KS
Houston-The Woodlands-Sugar Land, TX
Dallas-Fort Worth-Arlington, TX
Albany-Schenectady-Troy, NY
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Seattle-Tacoma-Bellevue, WA
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Los Angeles-Long Beach-Anaheim, CA
San Francisco-Oakland-Hayward, CA
San Diego-Carlsbad, CA
Campaign for Black Babies city
Promising Practice city
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-4
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Root Causes: In their own words

Racism

I remember the doctor not even looking at me. He was talking to me and he treated me, like I said, like a number. He said "How many times have you been pregnant?" and I'm like never. then he had to turn around like "Oh". Yeah and he's looking like, "she's just another black girl in here and she needs health care and she probably had 4 or 5 children already." Its like NO! We are human.

-Chicago, IL

Classism

I had all of my records transferred back to my regular OB and she reviewed them for me and told me that I had signs of preeclampsia. Well, I mean, if they paid more attention at FirstChoice instead of trying to push people through there, maybe they would have noticed. Maybe they would take necessary precautions for me to have a healthy baby.

-Memphis, TN

Ageism

Talk to me directly, stop being... I hate that. Just talk to me…People look at me and ask about my mind set. I'm not stupid… Like, you're saying big words to me and I'm looking at you like this (makes face). You know I don't know what you are saying.

-Cleveland, OH

Worry about racial discrimination: A missing piece of the puzzle of Black–White disparities in preterm birth?

Braveman P, et al. PLoS One. 2017.

Authors

Braveman P[1], Heck K[1], Egerter S[1], Dominguez TP[2], Rinki C[3], Marchi KS[1], Curtis M[3].

- Chronic worry about racial discrimination may play an important role in Black-White disparities in preterm birth (PTB).
- May help explain the greater PTB disparities among more socioeconomically-advantaged women.
- Only measured overt experiences of racial discrimination, but it is likely that findings are similar for different types of racial discrimination (emotional psychological) and PTB.

Reported chronic worry about racial discrimination…

36.9% of Black women and **5.5%** White women respectively

- Rates were highest among Black women of higher income and education levels.
- Chronic worry was significantly associated with PTB among Black women.

Implicit bias (noun):

1. Bias is the “implicit” aspect of prejudice…[the] unconscious activation of prejudice notions of race, gender, ethnicity, age and other stereotypes that influences our judgment and decision-making capacity.

Devine, 1989

Implicit Bias

Bias is inherent

- Our individual perceptions of reality are built from personal experience, media messaging, rearing, societal norms, and stereotypes
- Unconscious assumptions based on these perceptions about another skew our understanding, unintentionally affecting actions and judgments
- Opens one up to prejudice or preconceptions of people not based on reason or experience

Whiteness and Health

Jennifer Malat, Sarah Mayorga-Gallo, David R. Williams

Combining the "concept of whiteness"- a system that socially, economically and ideologically benefits European descendants- with other research to determine the social factors that influence whites' health.

Whiteness and health

- Societal conditions
- Individual social characteristics and experiences
- Psychosocial responses

Whiteness and Health

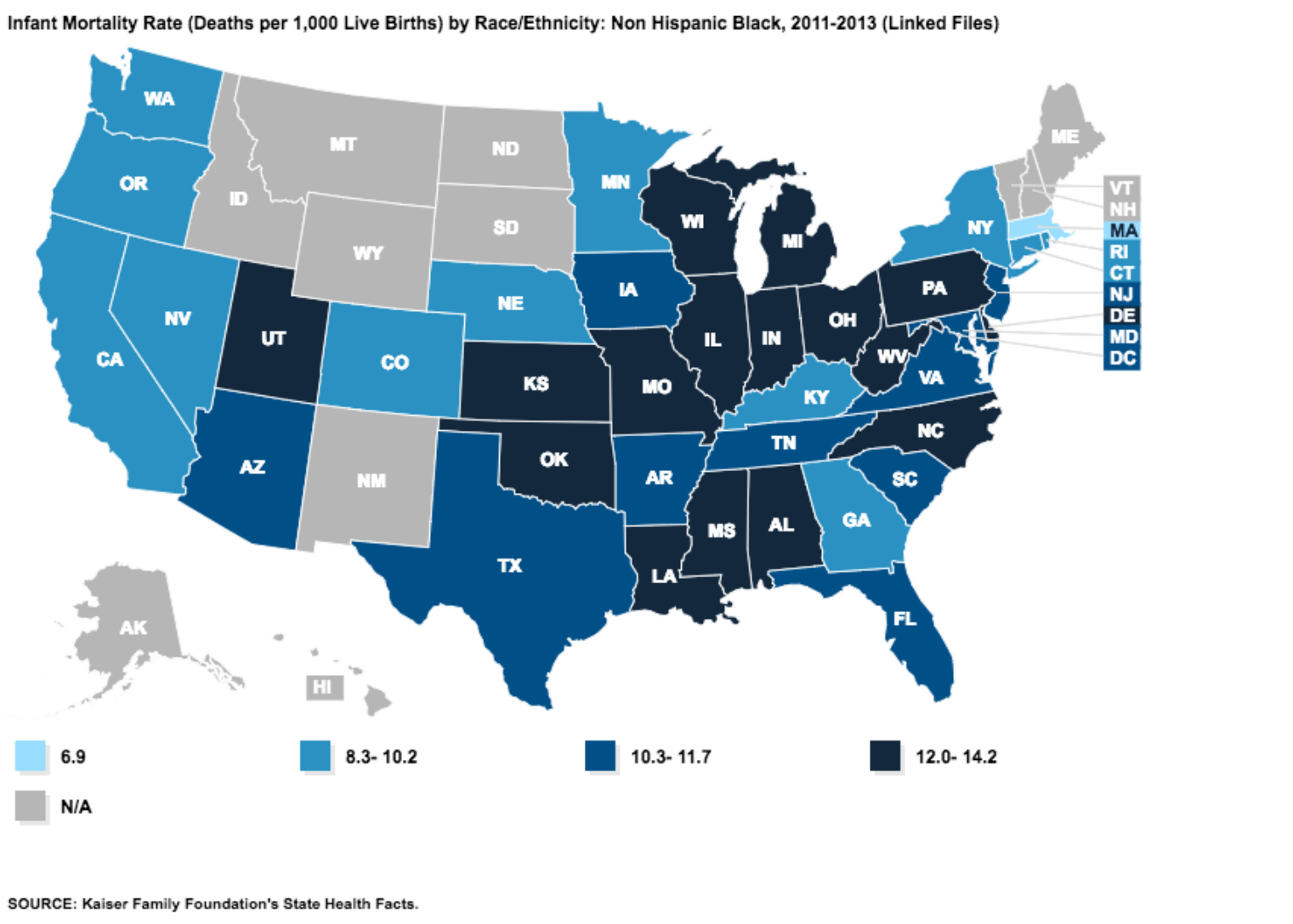
Positive Health Consequences

- "Positive illusions" and beliefs of American meritocracy promote self-enhancement and extend longevity
- Psychological benefits from economic and social policies that favor dominant culture

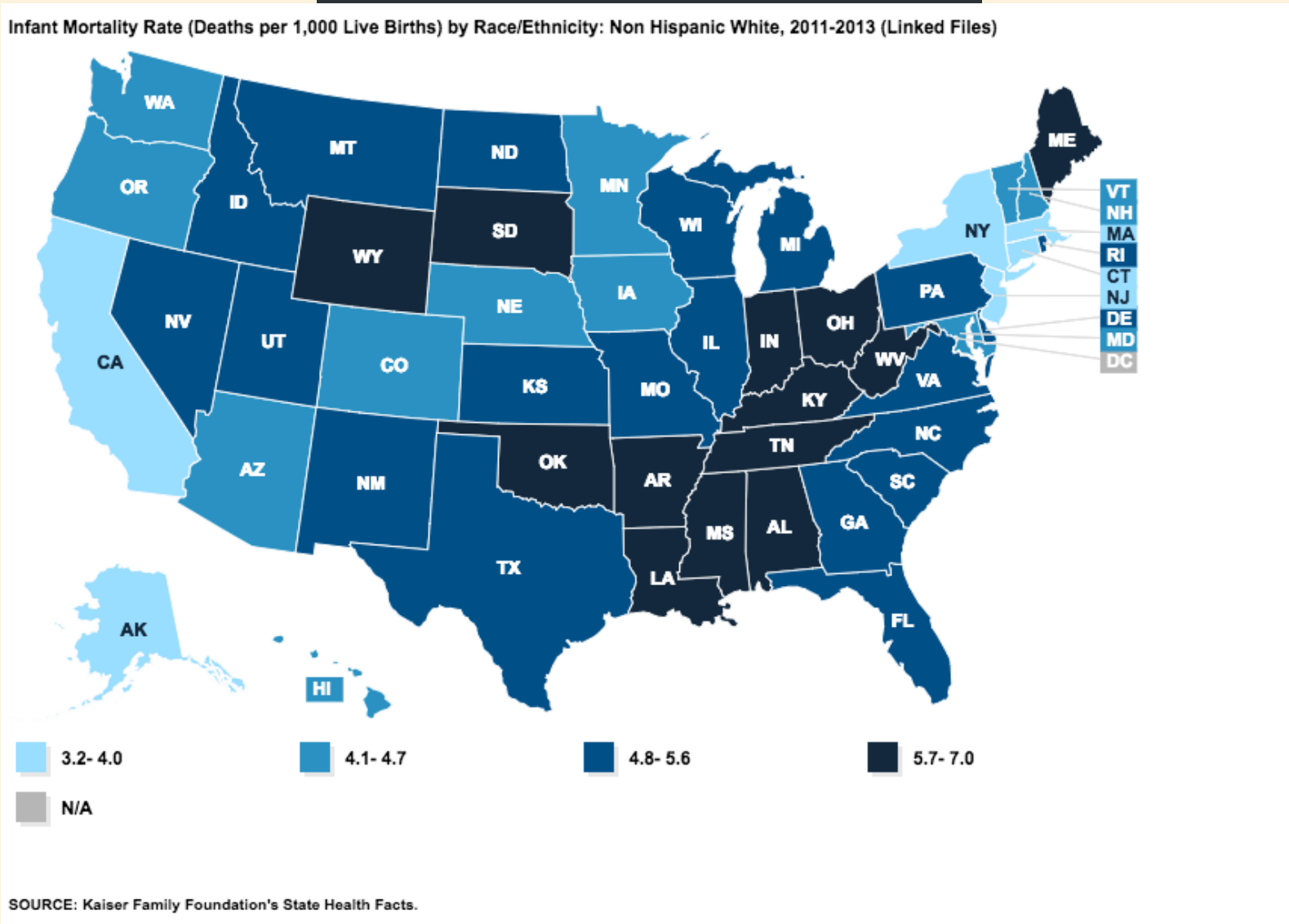
Negative Health Consequences

- Perceptions of white victimhood are common
  - 57-62% of white Americans believe that life has changed for the worse since the 1950s
  - 50-60% believe that discrimination against whites is as big of a problem as discrimination against blacks in the USA
- Unmet expectations for success cause high levels of psychological distress
- Lack of redemption narratives and coping mechanisms

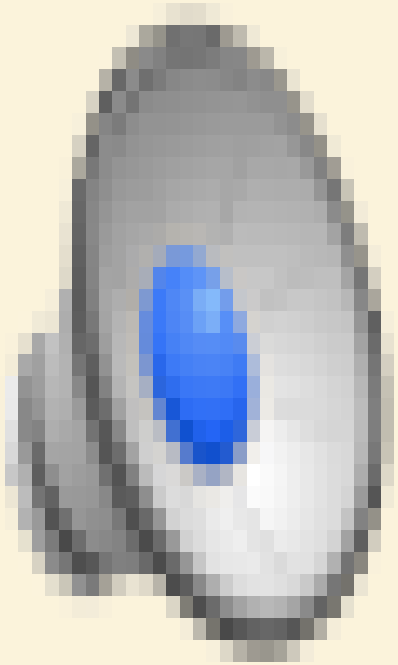
Black Infant Mortality



White Infant Mortality



Race The House We Live In



Racial Equity Lens

- Inequities are often driven by race/ethnicity, income and language.
- Health care system alone isn't equipped to overcome these inequities, because it was built in an institutionally racist American society.

Racial Equity

- **Centers place, environment and social determinants**
- **Addresses aggravated risk for specific local challenges**
- **Addresses intergenerational and cumulative effects of structural racism on health**


NYC Hospitals

The Shift in New York

Insurance status segregation was eliminated and replaced with economic segregation. Public policy continues to sort people, creating a norm of inequality.

- The first hospitals accused of in 1994
- Housing segregation of low income families dictates access to hospitals
- The consequences devastate poor, minority New Yorkers, who are less likely to be treated at the best hospitals.
- “Black-serving” and “White-serving” hospitals
- City/charity hospitals are mostly Black-serving
- White-serving hospitals are private and may not accept Medicaid

Hospital Segregation in NYC

Explicit and implicit actions from hospital policy-makers contribute to the stratification of care institutions, some of which are ill equipped to provide excellent quality of care to all women and families.

- Medicaid* was the primary payer for 59% of New York City births in 2014.
- Medicaid patient migration barriers
  - caps on the number of clinic patients
  - private providers at a particular hospital traditionally not accepting Medicaid
  - Some hospitals strategically reach out to communities with high rates of commercial insurance.
  - Commercial insurance pays twice the amount of Medicaid reimbursements
- Government funding is insufficient to to cover rising expenses (such as insurance premiums for employees, labor and supply costs) and provide optimum, safe, care to women.

Inequities in Medicaid Reimbursement

- The Medicaid participation rate varies by state, and it's largely tied to reimbursement rates.
- There is no continuous data collection on Medicaid participation
- Available data show the participation rate has not been affected under the ACA.

In 2013, a national survey concluded that…

68.9% of physicians were accepting new Medicaid patients

84.7% were accepting new privately insured patients

83.7% were accepting new Medicare patients

Challenges for Providers

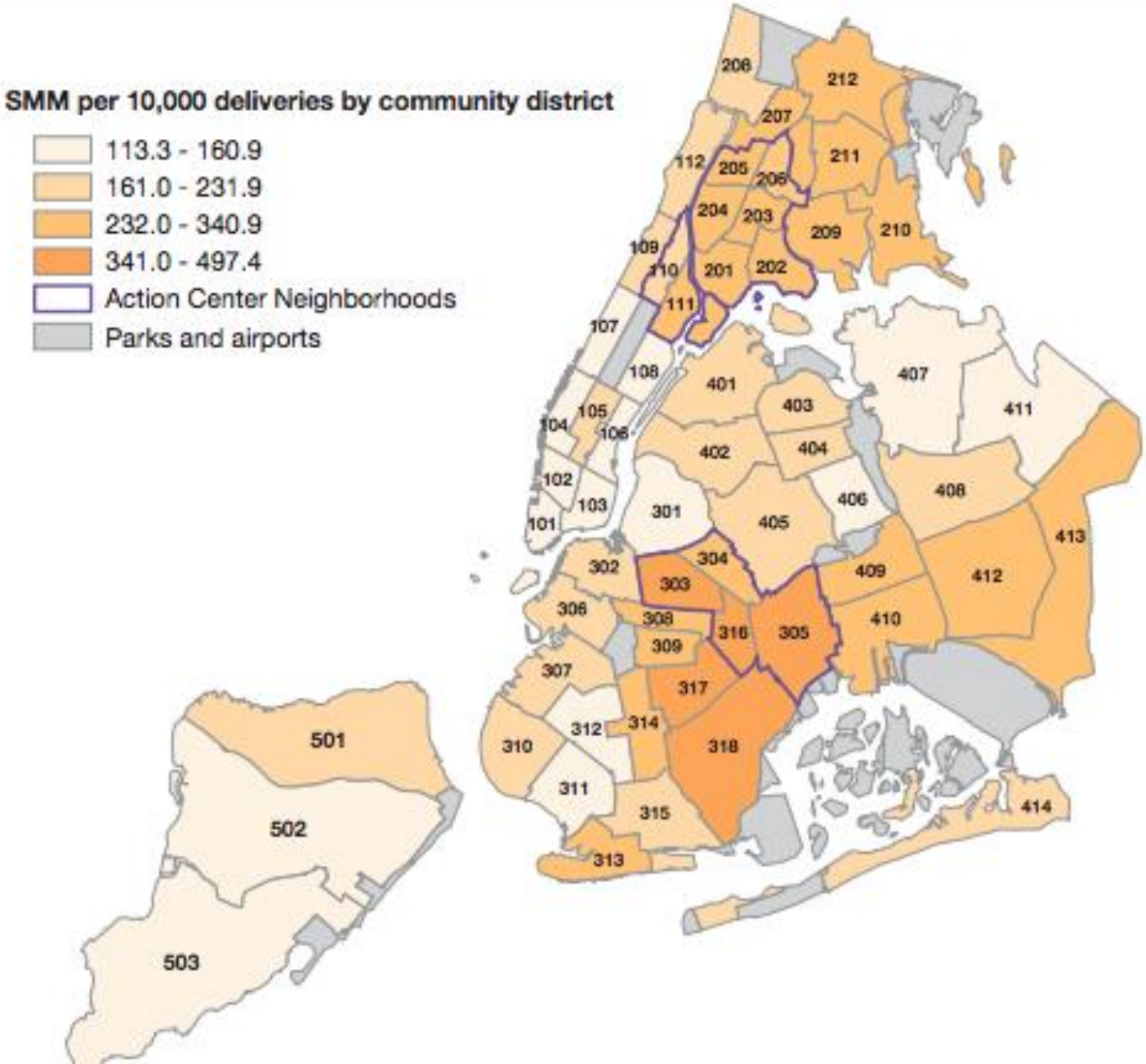
- Low reimbursement
- Delayed payment
- Billing requirements
- Location and demographic of patients
- Obligation to take on high clinical burden
- Family medicine, general practitioner salary is less appealing

State	Physicians Accepting Medicaid	Rate compared to Medicare Reimbursement
NJ	38.7%	48%
CA	54.2%	42%
LA	56.8%	68%
MT	90%	100%

Institutional Racism and Maternal Health

- 3 of 4 black mothers deliver in ~25% quarter of the country's hospitals.
- SMM for Black women was 3 times that of white women.
- SMM for women with Medicaid or Family Plus was higher than women with private insurance (261.1 v 168.2 per 10,000 deliveries.)
- SMM was highest among women living in high poverty zip codes with 30% and more living below FPL, excluding Black women, whose SMM rate are high, regardless.
  - Low income, ungentrified areas of Brooklyn have 4x the complication rates of nearby neighborhoods
  - More than half of mothers who hemorrhaged during delivery experienced complications
  - ~65% of all SMM cases needed a blood transfusion

Figure 16. Map of Severe Maternal Morbidity by Community District of Residence, New York City, 2008–2012



Determinants of Maternal Mortality

Social

- Substandard housing and housing instability
- Concentrated poverty
- Neighborhood safety
- Air quality and environmental stresses
- Poor access to quality, whole foods and adequate nutrition
- Poor access to quality, comprehensive health care services
- Unequal educational opportunities
- Poor employment opportunities, including lack of access to flexible scheduling and livable wages
- Disproportionate police violence

Clinical

- Eclampsia
- Cardiac disease
- Acute renal failure
- Preconception BMI
- Chronic conditions
- Serious obstetric complications
  - Blood transfusion
  - Ventilation
  - Hysterectomy
  - Heart failure

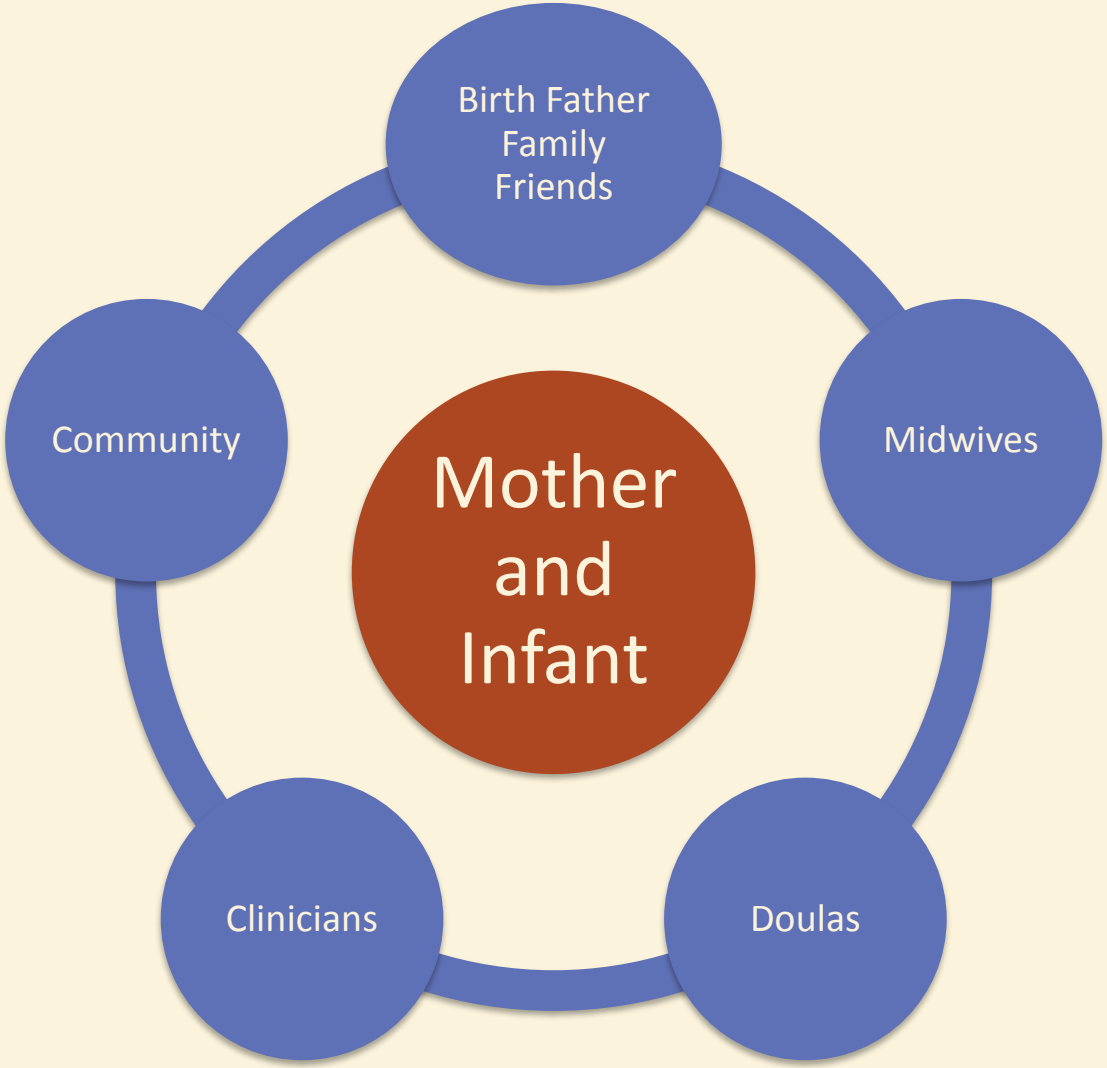
Story-based Challenges

- Medical staff underestimating African American patients pain symptoms
- Race or class fueled microaggressions
- Access to quality providers accepting Medicaid
- Transportation
- Unemployment, rigid work scheduling
- Housing affordability, adequacy, safety
- Substance use disorder
- Chronic disease or psychosocial stressors
- Social isolation and lack of support
- Air quality and environmental stresses
- Food Insecurity

Community voices humanize issues of class, race and power. Without stories, a purely data-driven response can miss the mark.

Setting the Standard for Holistic Care of and for Black Women

Maternity Care Team



- Provides holistic care and improved outcome for the mother and her family
- Mitigates negative experiences in the hospital setting
- Health system coordination and building continuum of care
- **Overall health cost savings**

Economic Benefits to Holistic Care

- Reduction of spending on elective cesarean deliveries and non-essential medical procedures

Vaginal birth costs half of what a cesarean birth costs for health insurers

- Reduces medical complications that result from non-essential procedures
- Prevents chronic conditions and risk of repeat cesareans
- Can integrate with Community Health Worker (CHW) model
- Reduces use of epidurals, instrument assisted birth and increases breastfeeding
- Long term health system improvement and transformation

Cost Savings

United States, 2013	Medicaid	Private Insurance
Number of births[82]	1,579,099	1,845,499
Number of cesareans[83]	517,630	642,435
Cesarean rate[84]	32.8%	34.8%
Estimated cesareans preventable with doula support (28%)[85]	144,936	179,882
Average additional costs per cesarean[86]	$4,459	$9,627
Estimated savings per year	**$646,271,408**	**$1,731,722,089**
Estimated savings per birth	**$409.27**	**$938.35**

No state has submitted a Medicaid amendment to reflect the rule change revision for state Medicaid reimbursement of doula services.

Developments in Payment Reform

2012- An Expert Panel on Improving Maternal and Infant Health Outcomes in Medicaid/CHIP at the Centers for Medicare and Medicaid Services (CMS) recommended providing doula coverage

2013- CMS Preventive Services Rule (42CFR §440.130(c)) allow reimbursement for preventive services by non-licensed providers "...that have been recommended by a physician or other licensed medical provider..."

CDC and other organizations provide resources and technical support for states to implement rule change.

Delivery System Reform Incentive Payment (DSRIP) initiatives are a category of ACA 1115 waiver that allow states to innovate with payment reform to reduce Medicaid costs.

Barriers to Holistic Care

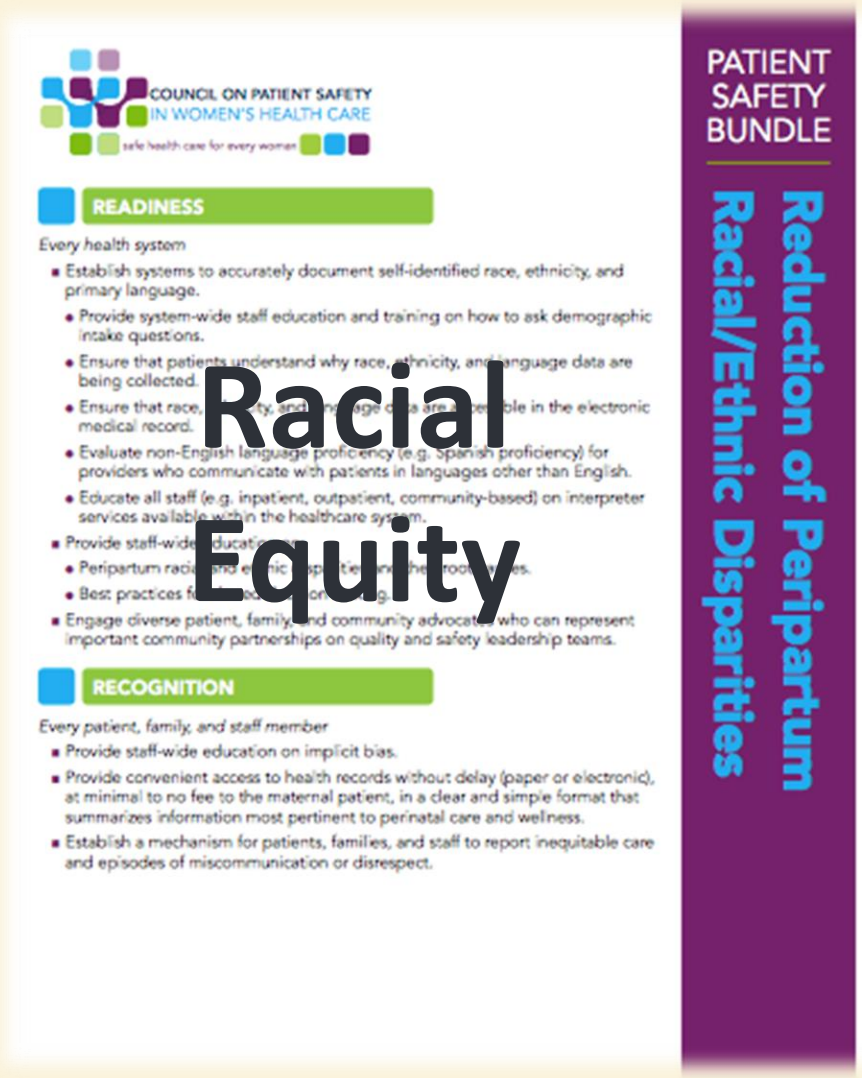
State/Institutional

- Bureaucratic hurdles in for states that reimburse
- Limited state health and innovation funding
- Absence of implementation policies or processes
- Lack of national coordinating body
- Limited availability of methodologically sound local data and research
- For CMS rule change to apply, states must pass a law to amend their state Medicaid plan, which may require a state credentialing body and other provisions.

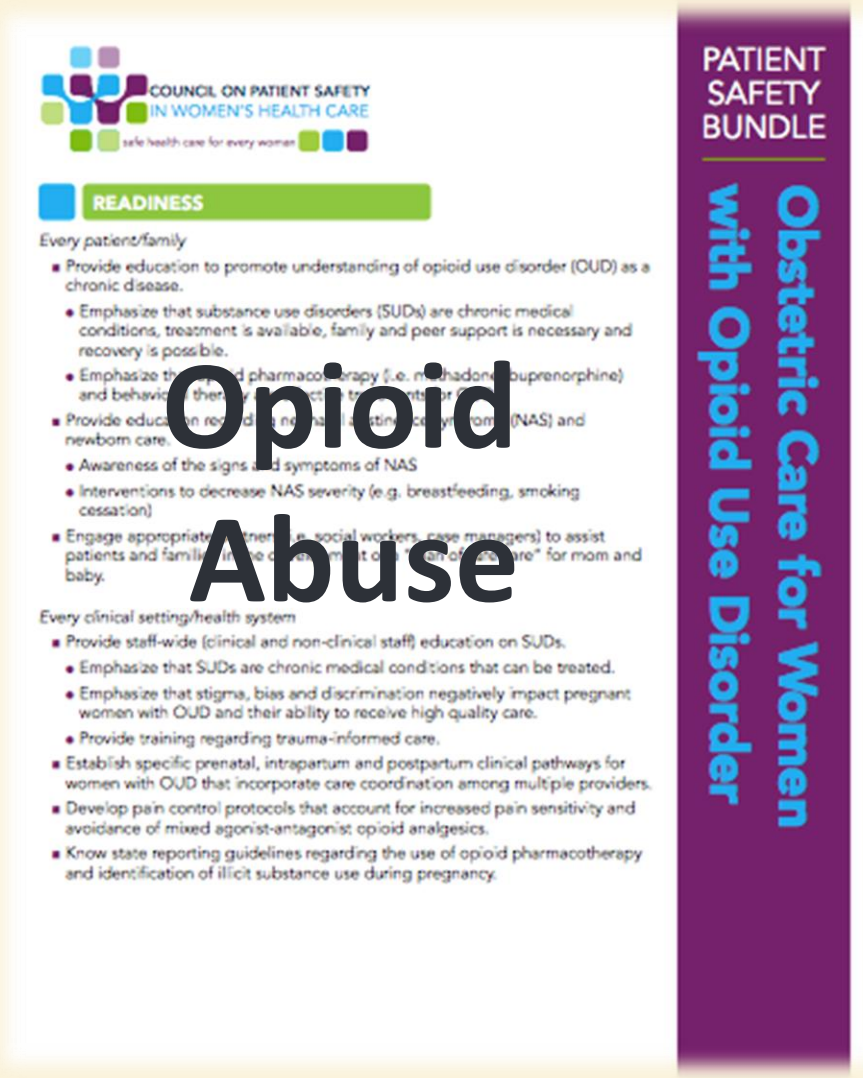
Community/Individual

- Availability of doula services
- Local/regional training opportunities
- Affordability of services
- Exposure to/acceptability of doula services in community

ACOG- Council on Patient Safety in Women's Healthcare AIM Patient Safety Bundles



Racial Equity



Opioid Abuse

Respectful Care and System Accountability

Workforce is not trained in recognizing and diverting racial bias.

Mothers frequently reported that medical staff underestimate their pain, often undertreating African American patients

Culture and Community Recommendations

- Listen to Black women and recognize that access does not equal quality care.
- Recognize the historical experiences and expertise of Black women and families.
- Disentangle care practices from the racist beliefs in modern medicine.
- Empower all patients with health literacy and autonomy
- Empower and invest in paraprofessionals.
- Community support for local/regional doula certification programs.
- Provide educational resources to stakeholder organizations and new motherhood group.
- Identify postpartum care team and physician contact for new mothers.

Systems Solutions

- Seek state approval of CMS rule change 42 CFR §440.130(c).
- Federal and state requirements that Medicaid MCOs cover doula services.
- Look into DSRIP programs and initiatives.
- Pressure U.S. Preventive Service Task Force to recognize doula services so that private insurers are required to reimburse.
- Publish more evidence based literature on the link between social determinants and poor maternal health outcomes.
- Focus on holistic patient care with postpartum assessment of physical, social and psychological bell-being.
- Build support for breastfeeding friendly workplaces.
- Accept Medicaid- without exception- in all area hospitals.
- Train and educate providers in racial and reproductive justice.


Segregationists
Assimilationists
Anti-Racists

Thank you

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